Fill in this information to identify your ca	se:	
Debtor 1 Steven G. He	ırley	_
Debtor 2 (Spouse, if filing)		_
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA, PHILADELPHIA DIVISION	_
Case number (If known) 22-10191		Check if this is: An amended filing A supplement showing postpetition chapter 13
Official Form 106I		income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment					
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse		
	If you have more than one job, attach a separate page with information about additional employers.	Emmlessment status	■ Employed	■ Employed		
		Employment status	☐ Not employed	☐ Not employed		
		Occupation	Management	Retail clerk		
	Include part-time, seasonal, or self-employed work.	Employer's name	Broderick Industries	Michael's Stores, Inc.		
	Occupation may include student or homemaker, if it applies.	Employer's address	6101 Keystone St Philadelphia, PA 19135-4219	3939 W John Carpenter Fwy Irving, TX 75063-2909		
		How long employed th	ere? <u>7 years</u>	3 months		

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,200.00 1,512.28 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 5,200.00 1,512.28

Schedule I: Your Income Official Form 106I page 1

Debt	tor 1	Hurley, Steven G.	_	Cas	e number (if known)	22-10191		
	Cop	by line 4 here	4.	Fo	5,200.00	For Debtor non-filing s		
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	46.74	
	5b.	Mandatory contributions for retirement plans	5a. 5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: PA LST-WRNGT	5h.+	\$		+ \$	4.00	
		OASDI	_	\$	0.00	\$	51.96	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	102.70	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$.	5,200.00	\$1	,409.58	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	1,200.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,200.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		6,400.00 + \$_	1,409.58	= \$ 7,8	309.58
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available:	ependent	, ,	•		+\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain					\$	309.58
13.	Do	you expect an increase or decrease within the year after you file this form?	?				Combined monthly inc	come
		No.						1

Official Form 106l Schedule I: Your Income page 2